

ISSUE SLIP STAFF AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		71530	9/24 -
O.I.P.E. CLASSIFIER		59	10/1
FORMALITY REVIEW	6H	602005	10-12-99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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**BEST AVAILABLE COPY** more than 150 claims or 10 actions  
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